
LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday October 3, 2002
1:00 p.m.-5:00 p.m.
St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA

MEMBERS PRESENT

Mario Perez	Jeff Bailey
Vanessa Talamantes	Dean Goish
Buddy Akin	Chi-Wai Au
Sergio Avina	Diane Brown
Tony Bustamante	Gordon Bunch
Richard Brown	Cesar Cadabes
Edward Clark	Mark Etzel
Kelly Gilmore	Danielle Glenn-Rivera
Edric Mendia	Veronica Morales
Keisha Paxton,	Efrain Reyes
Ricki Rosales	Gail Sanabria
Kellii Trombacco	Richard Zaldivar
David Zucker	Rodolfo Zamudio

ABSENT

Sandra Cargill
Edward Clarke
Vicky Ortega
Emma Robinson
Shawn Griffin

STAFF PRESENT

Elizabeth Escobedo	Gabriel Rodriguez	Darren Roberts
Delia Sandoval	Rene Seidel	

I. ROLL CALL - Roll call was conducted. A quorum was present.

II. COLLOQUIA PRESENTATION –

Charles Karsters; Matt Mutcher, Ph.D.; Jeff Bailey, M.P.H.; Miguel Chion, M.D.; M.P.H. Tom West presented on: "HIV Prevention Social Marketing Efforts in Los Angeles County: Lessons Learned from Three Funded Projects"

The presentation next month will be: AmASSI's "Critical Thinking and Cultural Affirmation Health Strategy for African Americans" by Cleo Manago, Tahirahana Williams, Jaycey Weathersbey, Rahman Kafele, Taijonee Magee, David Morrison, Ujima Moore, Robert Thrash IV, Okera Damani, Erick Young.

III. APPROVAL OF AGENDA

The Committee approved the agenda.

IV. APPROVAL OF MEETING SUMMARY

The Committee approved the meeting summary for September 5, 2002 with a correction. On page four, the second complete paragraph, the last sentence states, "The new system will take about 1 ½ to 2 years to be implemented." That is actually referring to the timeframe in the next sentence about the second Task Force recommending a single planning body in Los Angeles County. Therefore, it should read, "If a single planning body was put in place, it would take 1 ½ to 2 years to be implemented."

V. PUBLIC COMMENT

Tim Young announced that APAIT once again offers HIV testing. The hours are Mondays and Tuesdays from 10:00 a.m. to 7:00 p.m. Any questions can be referred to him at 213-553-1830.

VI. SEXUALLY TRANSMITTED DISEASE UPDATE (PRESENTATION)

Jeff Bailey introduced the STD Program and Dr. Melanie Taylor. He also reminded everyone that the third goal in the HIV Prevention Plan 2000 is to reduce the incidence of sexually transmitted diseases by 25%. Being that we are now in the process of developing a new plan; since there has been discussion around this body during the last two years regarding the syphilis outbreak among men who have sex with men in Los Angeles County; and since the number of syphilis cases continue to increase the Executive sub-committee requested that the STD Program share with the PPC what they do and what their role is regarding syphilis elimination. This presentation can then inform us in regards to planning and developing our next HIV Prevention Plan.

Dr. Melanie Taylor introduced herself stating that she was fairly new to Los Angeles County and that she is an employee of the CDC stationed in Los Angeles County specifically working with the Syphilis Elimination Program that was started in 1998.

Dr. Taylor continued to define the Syphilis Elimination Project, how it started and to provide information about the syphilis problem in Los Angeles. The initial goal of the nationwide project was to reduce the number of primary and secondary syphilis cases to a thousand or fewer and to increase the number of syphilis free counties to 90% by the year 2005. Dr. Taylor stated that Los Angeles County is in the midst of a syphilis epidemic along with several other cities including but not limited to San Francisco, Detroit, Chicago, New York, Baltimore and Montgomery.

Dr. Taylor shared slides demonstrating data regarding the syphilis epidemic in Los Angeles County. These slides can be obtained by contacting Delia Sandoval at (213) 351-8126. Highlights of the presentation included:

- **Slide 1: Service Planning Areas with the highest STD rates per 100,000 population, (2001)**
Showed that the South SPA is where the predominant problem of chlamydia and gonorrhea is occurring in Los Angeles County. Also, the Metro SPA is where the predominance of primary and secondary syphilis are occurring.
- **Trend Data for 2000 – 2001**
Trends up to September 2000 show a decrease in syphilis cases after the campaign in response to the initial outbreak. In 2001 the number of syphilis cases increased dramatically and they continue to increase.

From 2001 up through August 9, 2002: For MSM syphilis has increased dramatically to 169 from 113; for women decrease to 25 from 32; and men who have sex with women decrease to 36 from 40.
- The number of cases that we have seen in 2002 YTD has almost reached the total number that we saw in 2001. We will surpass the number of syphilis cases in 2002 compared to 2001.
- **Who Has Syphilis In Los Angeles County?**
By age: People between the ages of 30 – 39 are the predominant age group impacted by syphilis.
By sexual orientation: Male Homosexuals are the predominant group with syphilis.
MSM with syphilis by race/ethnicity: 40% White, 42% Latino, 12 Black; 4% API
- **Where in Los Angeles is syphilis most prevalent?**
The majority of cases reported YTD are from the Hollywood and Central Health Districts.
- **Risk Behaviors among MSM Syphilis Cases, Los Angeles County 2002(YTD)**
Anal receptive: 76%; Anonymous sex partner: 70%; Report Condom use: 28%; Non-IV drug use: 18%; vaginal sex: 11%; IV drug use: 3%; Currently incarcerated: 1%.
- **HIV Serostatus Early Syphilis Outbreak Cases 2002 (YTD), n=169**
At least 53% of persons who have been diagnosed with primary and secondary syphilis are HIV positive. 20% of those persons HIV serostatus is unknown. HIV -: 27%. It is predicted that at least 60% of persons with new diagnosis of syphilis have HIV.
- **Venues for Sexual Contacts Named by MSM Syphilis Cases in Los Angeles County (2002 YTD).**
Bars and clubs: 30%; Bathhouses and sex clubs: 18%; Other: 19%; Internet: 18%; Streets: 8%; Parks: 8%; Motels: 2%.

On going Efforts Targeting At-Risk Populations:

Community collaboration is broad. STD Program has a Community County Coalition, which is a group of community-based organizations in Los Angeles County that target a diverse population of people. They have community clinics that are directly affiliated with Los Angeles County; they have AIDS service agencies and providers, MSM-serving agencies, Latino Syphilis Working Group, Latino Recent Immigrant Coalition (LARIC), and commercial sex venues owners. The most visible efforts by the STD Department have been their Media Campaigns in collaboration with AHF and GLC.

Media Campaign

Dr. Taylor reviewed a few of the media campaigns coordinated by the STD Program in response to the syphilis epidemic. Goals were to focus on action and testing. Promote the hotline and the website.

The key messages were that Syphilis is curable, has serious consequences (brain damage), and has a strong link to HIV.

Other STD Efforts:

- County Jails – Screen about 65 to 100 inmates per month for both HIV and STDs in the Los Angeles County jail's K-11 Unit (Unit that houses gay identified inmates). Recently started collaboration to support AHF's HIV testing program funded by OAPP by supporting their efforts to also provide STD screening in the North facility.
- APLA Commercial Sex Venue Project – Working on strengthening this effort.
- Bathhouse/Sex Club Screening – Efforts in collaboration with AIM (Adult Entertainment Industry) and AHF offering HIV and STD screening at four commercial sex venues.
- STD Mobile Van Unit – They have coordinated efforts with other CBO's to target at-risk populations.
- Field Services Unit – Integrates both STD/HIV services such as PCRS, field surveys, and surveillance.

Direct Link to HIV

Dr. Taylor read a quote from the book written by King Holmes who is one of the leading researchers in the world for STDs stating, "The presence of genital ulcers significantly enhances the susceptibility to HIV and in HIV positive individuals results in increased transmission of the virus to others."

- STDs increase the risk of HIV infection: People with STDs are 2-5 times more likely to acquire HIV if exposed through sex.
- STDs increase the risk of HIV transmission: People with HIV and another STD are more likely to transmit HIV through sex than others with HIV.
- STD treatment reduces the spread of HIV infection: To individuals STD treatment reduces a person's ability to transmit HIV. In communities (Mwanza, Tanzania) it improved control of symptomatic STDs reduced new HIV infection by 42%.

Target Integration for Venue Based Screening

Dr. Taylor made the following statements regarding targeted integration for venue-based screening:

- "There is a need for integration of HIV and STD testing to increase outreach education and screening."
- "We need the planned cooperation of OAPP. Currently, there is a lack of contractual language regarding syphilis testing reimbursement."
- "The CDC HIV prevention funding allows for reimbursement of syphilis testing."

The Los Angeles County STD Department made the following program recommendations:

Program Recommendation (1):

Clarification by OAPP to contractors that STD and HIV services can be integrated without monetary penalization.

Program Recommendation (2):

Revise and amend the [HIV counseling and testing] fee-for-service schedule to include syphilis testing reimbursement as emergency need in direct relation to the ongoing syphilis epidemic in MSMs in Los Angeles.

For more information, Dr. Taylor can be reached at 213-749-9606 or to receive an e-mail copy of her presentation, contact Delia Sandoval.

Discussion and Questions

Members of the PPC and audience asked questions and Dr. Taylor responded as follows:

Q: What are the politics involved with Syphilis? Is there enough money to do what you are recommending? If there isn't, what is the procedure to get more attention and funding for this? Are people responsive to the outbreak? What are some of the barriers that we are confronting in Los Angeles?

A: (Dr. Taylor) Some of the main barriers we're confronting are related to the County's overall monetary cuts in health care Clinics and Hospitals. The CBOs that the STD Program is working with are not the barriers; they are very interested in providing syphilis testing in their venues and during their outreach efforts. The barriers are encompassed in the two recommendations made at the end of the presentation. The barrier is primarily OAPP's contractual language with CBOs to provide HIV services.

Q: Doesn't OAPP receive and fund these agencies using federal funding? If so, why is it OAPP and not the Centers for Disease Control?

A: Dr. Taylor said that this would have to be referred to someone in OAPP. She cannot comment to that.

Q: Do you have a lot of resistance getting to the incarcerated population? You targeted the K-11 population at Twin Towers, who probably self-identified men who have sex with men. There is a large population of men in jail that don't identify with any group, have you tried to target that population?

A: As far as the jail system, it is an extremely difficult logistical problem. However the main problem is the need to get these persons at intake because by the time they get to the different jail facilities, staff is not available. The goal is to target screening at intake, but there are more than 600 to 700 people who are processed everyday. It is very difficult for the STD Department to conduct their work because there is no time and no space, however they work around that. Screening is conducted on a limited basis.

Q: How can you do follow-up and maintain confidentiality? How can you get names and addresses to track a person who is transferred from one facility to another or released?

A: The most difficult part is for people who are discharged before they receive their results and treatment. Otherwise, STD Program is successful in getting patients who are diagnosed in the jail and who are transported to another facility, treated and counseled. Confidentiality has been good.

Q: Do you recruit outreach workers to help with different outreach?

A: Currently they rely mostly on the Public Health Investigators to investigate the cases in the jail system. The Los Angeles County Jail Program is affiliated with most of the jail systems.

Tony Bustamante added the following in response to the question about the politics involved. He said that this presentation has to do with the integration relationship between HIV and syphilis. The issue in providing this presentation is that there is a 60% correlation between HIV infection and syphilis infection. It has been the practice in Los Angeles County to get tested for one and not for the other. **Mr. Bustamante** said that the attempt is to bring to the front line that if an HIV provider is testing for HIV, to also include syphilis testing.

Q: Why isn't there a separate effort to get funding to expand the STD work? Why is there not an effort to get more attention from the Board and at the national level to get more funds from CDC to complement the HIV prevention and screening work that is currently being done out there?

A: Dr. Taylor responded that the STD Program asked the CDC to come and evaluate their Program to increase funding for syphilis elimination. The CDC granted the STD Programs \$220,000. Of that amount \$100,000 has been designated to CBOs, an additional \$30,000 has been designated for lab testing and the remaining for staffing. In comparison, we have very little. That is why we are calling on the efforts of CBO's that are already in place targeting these populations. HIV is an STD and we hope that we don't see an increase in HIV cases going along with the increase in syphilis cases – but that's what we expect.

Comment from Audience Member: Kathy Watt of Van Ness Recovery House voiced her frustration at the “dysfunctional” manner in which this issue was being addressed and handled. She stated that both the STD Program and OAPP work under the Department of Health Services and didn't understand what the problem was to address this issue jointly. She stated that as members of the community working in CBOs, they are just trying to serve and meet the needs of their communities.

Dr. Taylor responded by saying that she could not answer that since she has only been in Los Angeles County for two months and asked if anyone else could address this.

Kathy Watt stated that the community does not deserve to be treated like they can't get answers today.

Response from Mario Perez, Governmental Co-Chair and Director of Prevention Services for OAPP – He stated that this is the first comprehensive look at the local syphilis epidemic at the PPC in quite some time. He thanked Dr. Taylor for her presentation and providing information on the local syphilis epidemic.

He continued by saying that OAPP had the benefit of meeting with Dane Collins of the CDC to discuss local STD/HIV integration efforts. Mr. Perez stated that he believes that there is an incomplete picture of OAPP's commitment to support STD programs. Dr. Taylor was not at that meeting to hear about the investment OAPP is currently making to address not just syphilis but other STDs including chlamydia, hepatitis, and gonorrhea among CBOs, STD and TB clinics. In addition to funding CBO's to do HIV testing, OAPP has also identified a number

of programs to launch demonstration projects that look at the complete HIV, STD, TB and Hepatitis co-morbidity mix. There has been an infrastructure established with HIV resources over the years.

Mr. Perez said there has also been some misunderstanding in terms of the current investment by STD Programs to address the syphilis epidemic. There is not a clear sense how the *STD Cooperative Agreement* funds are spent and what resources are invested. What he can say is that OAPP currently invests over \$5 million dollars in cross program activities. OAPP funds STD clinics in the county to do HIV counseling and testing and other CBOs to do STD work. We don't know that STD Programs is funding any of our HIV providers to do HIV testing. In the past OAPP has funded STD programs to conduct the STD/HIV integration prevention services program. OAPP has also supported the work of a couple of CBOs (AHF and APLA) to do some work in the public sex environments. Mr. Perez said that he would be looking at how to introduce syphilis screening into the service mix within these programs.

He stated that he has made some attempts to get the relevant parties in the same room to look at what our response is. He said he is not sure that any one person has a very clear sense of the current investment of HIV/Syphilis services and programs funded by multiple groups and entities. Earlier this week he discussed with Harlan Roblatt from STD Programs about looking at some of these services and how to better coordinate them.

OAPP has made significant investments in HIV/STD cross-program activities in multiple venues, with multiple providers, and in County STD and TB clinics. There is a lot more that needs to be done to avert 2,000 new HIV infections and more than 200 new syphilis infections a year. Their needs to be a more informed perspective about what is currently being funded and then try to improve some of those services.

There is an expectation that whenever something needs to be funded, OAPP is the place to go. STD Programs is charged with addressing the syphilis epidemic in Los Angeles County. OAPP understands the nexus between syphilis and HIV transmission, that's why we make the investments we make toward STD and HIV integration as described earlier.

Mr. Perez said he would be happy to sit down with Dr. Taylor to take a closer look at what OAPP is currently funding in order to have a more informed perspective. He said that he appreciates the recommendations and has seen them before. He said that we need to develop a coordinated response, but we also need to have a better understanding of what STD Program's role is in eliminating syphilis in our county.

Comment from Audience Member: Kathy Watt – She state that as hard as it is to get people to come in to get an HIV test, it seems that we need to remove hurdles from clients that make it difficult to get tested. It makes sense that people who are getting an HIV test also get testing for syphilis at the same location. It seems that it would be more cost-efficient and the paperwork would be a lot easier to integrate the two screening tests.

Q: How do we get the services for the people without the six months of politics that apparently don't want to be addressed?

A: (Mr. Bustamante) He stated that Ms. Watt is correct in stating that this discussion needs to be handles within the two Programs and not subject audience members to this discussion, especially since this discussion has been held in private at much earlier dates. He stated that he hopes we can move forward after this meeting. He hoped everyone believes that there is a correlation with HIV and syphilis infection. If the opportunity is there to provide both services to a client, we should not be waiting for a meeting or a reimbursement fee-for-services. Agencies should be able to provide the service if we can all agree how it is going to be done.

Since discussions have been held in the past, STD Programs wants resolutions regarding what, how, and when. If it can't be done, tell us why it can't be done. If it can, tell us how it can be done.

Q: How much does it cost to provide a syphilis test?

A: Dr. Taylor said the cost to test for syphilis would be much smaller if the tests are sent to the Los Angeles County Public Health Laboratory. The costs are as follows.

Lab	Cost/test @ volume of 16 syphilis tests a week	Volume of over 40/wk
Public Health Laboratory	\$ 6.00	\$5.60
Quest Diagnostics	\$19.85	
Specialty Labs	\$38.00	

Dr. Taylor said that although they are asking for this additional effort to be made to change the HIV Counseling and Testing contractual agreements, they do not feel that it would be long term. They hope to be able to get this problem under control and at some point wide spread syphilis testing may not be needed. For now, as the syphilis numbers are going up and it is clear that the populations that need to be tested are not being targeted.

Q: (Gordon Bunch) If STD screening were introduced through OAPP contracts as part of HIV counseling and testing, would that diminish the amount of funds that are available for HIV counseling and testing? Or, is there a separate pot of money through the STD program to reimburse these contractors who are doing both HIV and STD testing?

A: Mario Perez responded by saying that there are essentially a few things that need to be looked at:

- (1) The resources/funds used to support our contracted HIV counseling and testing services are essentially tapped out. Therefore, we would need to rely on alternative resources such as the STD Program's Cooperative Agreement to supplement the current HIV counseling and testing effort. There is already an understanding that OAPP would support the infrastructure and capacity for staff and HCT testing. So, presumably adding syphilis screening would be a minimal investment. Another approach would be to add HIV testing to the syphilis screening effort already supported by STD program. Dr. Taylor responded that is already being conducted.
- (2) In specific venues, the response may be different and the protocols for testing need to be appropriate for the venue in which testing is being conducted. They may be doing a lot of HIV testing and not getting the person back for the results. It is a known factor that a lot of tests are conducted and people never learn the results. We have some of our lowest HIV return rates in our STD clinics. Specific guidelines would need to be developed to address this joint effort and ensure for increased return rates.

He felt that the mechanisms could happen. Nevertheless, he did not want anyone to walk away thinking that all that would need to be done is change a fee schedule and make a little amendment to a contract. It is a lot more involved. It requires Board approval and all the reviews that go along with that.

Although there have been meetings in the past to address this, no one in attendance had clear sense of what the current HIV/STD effort is in the County after those meetings. What Mr. Perez suggested after those meetings is that OAPP and STD Programs reconvene to get a very clear sense of what programs are in place and get a grasp of current met and unmet needs.

Q: If these meetings were already held and there is still a discrepancy between what OAPP is saying what STD Programs is saying, how do you organize an effort that would resolve these discrepancies and obtain the clarification needed?

A: The plan was already discussed previous to this presentation stating that there would be a follow up meeting and look at what services or programs were actually in place and which service delivery sites are being targeted by existing programs. There is still work to do. OAPP would be more than happy to complement the presentation from STD programs and share with everyone what OAPP currently funds to address HIV/STD coordination.

Tony Bustamante said that the issue presented by STD Programs today is to try to introduce the concept of conducting syphilis testing for the benefit of the client in those venues where HIV testing is occurring. There has been a lot of discussion prior to this. He said that additional testing or additional money for those services can be proposed for the benefit of the client.

Mr. Bustamante addressed Gordon Bunch's questions by saying that, yes, if you take money to pay for syphilis test, it will take away from another function of HIV. But because of the seriousness of the co-infection of HIV and syphilis, this is something that we really need to consider as a priority at this time.

If OAPP contracts are coming up for renewal by the end of the year, we ought to be able to approach that agency and ask them to consider syphilis testing while they are testing for HIV and incorporate that in the agencies proposal.

Comments for the Audience:

- A member from AHF voiced her frustration and stated that the only meeting to discuss the OAPP and STD Programs collaborate issue that included providers took place over four months ago. There doesn't need to be another needs assessment when you can go to agencies providing HCT who target MSM and ask them if they want to do syphilis testing. This would address the epidemic immediately. There is no collaboration between

these two programs, which both work under the Department of Health Services, and they need to bring their needs to the community. The CBOs are ready to do this but it is almost impossible to collaborate and do syphilis testing.

- A timeline is needed that specifically states when this is going to happen? This PPC needs to set that timeline and take the charge to ensure that this happens and this gets done now.
- What was discussed during the meeting? How do you organize that to get the information?
- An HIV counselor/outreach worker shared that he recently had the opportunity to talk to people about testing for syphilis and HCT by collaborating with one of the testing vans. Many people were tested. He did it by collaborating with existing mobile STD units and with his HCT program. He doesn't see the problem. He said that he felt that this could be done.

Mark Etzel reiterated that a part of the Prevention Plan that was endorsed by this body adopted by the County that really made a commitment to look at the interplay between HIV and other STDs. After hearing the frustration and figuring out that there might be an opportunity to respond to the syphilis outbreak during upcoming holidays. He believes it is reasonable for the PPC to ask for a timeline from OAPP and STD Programs to figure out what is going on and come back to the PPC and provide an update on how this will be handled. He said that it was reasonable for the PPC to request that by the next meeting. People continue to get infected with one or both conditions. Given what is included in the HIV Prevention Plan and our commitment to looking at the HIV and the relationship with other STD's he felt this was a reasonable request.

Motion: (Mark Etzel) Motion was put forth that OAPP and STD (the appropriate people within those programs) meet and determine the best strategy to address or integrate HIV and Syphilis testing, with specific emphasis on MSMs in Los Angeles County. (Develop a plan and report back to the PPC at the November meeting.)

There was a discussion about the motion including:

- When addressing this issue the PPC and the relevant Programs need to learn how to ask for more money and not fight between one another locally. The question needs to be asked, what is our plan to get more money?
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- **Dean Goishi** suggested that it seems like we are putting the full burden on OAPP. He realizes that the PPC is an OAPP related body. However, since there are two Health Department agencies involved and they are under two different administrations, it is very difficult for us to come up with a plan and say that is going to be the plan when the other Department may not have that same kind of pressure put on them. If you are going to make OAPP responsible for the decision that is made, a comparable decision has to also come from the STD Program. The PPC needs to make sure that responsibility lies on both sides.

Mark Etzel responded by saying that in no way did he intend that as a result of this motion, the onus would be on OAPP to make this happen. He views the PPC as an advisory body to the full County and recognizes that HIV needs to be viewed in the bigger context. That is why we have STD, TB and other County departments represented on this body. Both OAPP and STD Departments were equally challenged to step up to the plate.

- It is recognized that there is no one in this room today that can make the ultimate decision. There are other people that factor in. But it is reasonable for the PPC since each was seated with a role to advise that it is clear there is an opportunity here and there is break in communication.
- The purpose of the motion is intended to get some resolution.
- Representatives can say to their respective director that the PPC said that this is a priority and it is consistent with the HIV Prevention Plan. The motion is not to place blame but to hold both Programs accountable and try to come up with an answer.

Friendly Amendment Offered: It was suggested to amend the motion by adding, that the PPC community co-chairs representing the PPC take leadership in this issue and bring the necessary people together to figure out what needs to be done to establish a concrete timeline to integrate syphilis and HIV testing.

Comment from the Audience: (Tiffany Horton) A comment was made that not every counseling and testing agency offers blood withdrawal and that is the way syphilis testing is conducted. Not everyone is equipped to implement this. It is not as simple to say that all that is needed is to pay for the test. Most are willing to go out there and do the testing but not every CBO is quipped to do that. Therefore, a request was made to add the HIV Counseling and Testing Task Force into the discussion.

Mario Perez responded to Ms. Horton saying that they would be an important contribution to this discussion. He also said that we are here because OAPP is responsible for the implementation of an *HIV Prevention Cooperative Agreement* through a community planning process. OAPP adopts recommendations from the PPC.

The recommendation today was for OAPP to take its contracts and augment them to allow for STD screening. That was the take home message for OAPP. There was no discussion about

- How to make that happen.
- No discussion about the existing HIV prevention infrastructure that must be maintained to avert 2000 new infection in the county yearly.
- No discussion about a possible infusion of resources from the STD programs to avert any cuts in HIV programs.
- No recommendations about what we would need to cut in order to fund these recommendations.

OAPP has worked tirelessly to create the funding that is in place to address the epidemic and has responded aggressively to the need. OAPP has partnered with the State and Federal partners to secure very important resources. Mr. Perez challenged everyone to put the same amount of pressure and ensure that the STD Programs have the same aggressive fund raising motivation. Also, to look at existing STD resources to eradicate the syphilis epidemic and not only bring to the table as an option to use OAPP HIV prevention resources. Mr. Perez reminded everyone to no loose sight that OAPP currently invests over \$5 million in STD/HIV work. Mr. Perez said that he would abstain from the motion. Mr. Perez stated that a motion is not need to have OAPP meet with STD Programs. OAPP has met with them before about this and will continue to do so until this is resolved.

There were several comments made including:

- The meeting is not an attempt to try to take the recommendations made by STD today and have that be starting point. The point of the motion is that there may need to be an endorsement from the PPC that the meeting needs to happen.
- The PPC thinks it is a priority and wants to see a game plan to move forward. It was not an endorsement of an approach but rather that there be a meeting and feedback be provided.
- In offering the motion, it sounds like there are some internal issues in the Department of Health Services that needs to be worked through. It is reasonable for this group through a motion to ask for a report back.
- People make plans and then they never invite the players to the meeting. Why can't we be present? On top of that why is everything such a secret? Nothing is being done and we are three years into this.
- There is a need for both County Departments to get an action plan and to include community members that are willing to give feedback. There are a lot of operational issues that are not being addressed such as lab fees, who is going to pay for biohazard removal, STD supplies, how to transport them.
- There are other issues to consider such as cultural aspects in terms of return rates of people coming back for STD testing as opposed to HIV testing.

Mark Etzel declined the amendment because having outside or additional people attend the meetings might limit the discussion. The interest is for the County to figure out how to handle this. If the departments do not meet, we are going to continue to keep going around and around.

It was not felt that a single meeting would result in such a definitive step that would eliminate the opportunity for input from the HIV Counseling and Testing Task Force and providers. The goal is to figure out what is the range of resources, how are they being spent and then figure out a way to come to some resolution.

Vote on Motion: **Vanessa Talamantes** said that the friendly amendment was not accepted. The PPC members approved the motion as stated above.

VII. BREAK

VIII. CHHS STAFFING PATTERN

Several months ago the Commission and the PPC met to discuss the Strategic Planning Process. There was an outside Task Force that discussed the staffing pattern of the Commission.

Mark Etzel said that the Strategic Planning process is a joint process and is sponsored by the Core Planning Partners (Commission, PPC, OAPP, and the Board of Supervisors). The joint meeting was an attempt to bring the majority of the core planning partners together to assess what the accomplishments were in the Strategic Planning Process.

The Staffing Pattern Task Force looked at the staff that supports the planning process and what improvements might need to be made. There was a recommendation that they look at both the staffing for the Commission and the PPC. The Task Force chose only to look at the Commission. They recommended that the staff support for the Commission be housed in the County Administrative Office. The Core Planning Partners and the Commission

adopted that recommendation. Since the PPC is an equal partner in this planning effort, the recommendation is being brought forth for endorsement by the PPC.

Mark Etzel said the Task Force recognized that the challenge to the Commission in planning for HIV care services in Los Angeles County was ambitious. There are many planning documents like the Comprehensive Health Plan and the annual Priority Setting Process that need to be developed. Much of which a volunteer group would not have the ability to generate and OAPP staff are pulled in many directions and don't always have the time to focus on the issues that need to be accomplished. The sole function of this group would be to help ensure that the planning for care and treatment be done in a thoughtful and timely manner.

Motion: A motion was made, seconded and approved that the PPC endorse the recommendation of the Staffing Pattern Task Force that was established through the Los Angeles County Strategic Planning process. *The recommendation is that the staffing pattern for the Commission be placed in the Administrative Offices of the County. There would be a group of people with specific expertise, whether it be research, evaluation, or planning to assist with the administrative function of the Commission.*

Danielle Glenn-Rivera said that she recalls that the recommendation was to have a separate staff. It was unclear if the staff would be the same individuals currently providing staff support.

IX. SUB- COMMITTEE REPORTS

◆ **Evaluation**

Gordon Bunch chaired the Meeting. Prior to the meeting, the sub-committee members reviewed the CDC Guidance on *Conducting a Prevention Needs Assessment*. A Needs Assessment is a process for obtaining and analyzing information to determine the prevention needs of target populations and other priority populations to which funding is allocated. Also, to evaluate the extent to which the prevention needs of those target populations are being met. They discussed the CDC Guidance and began to consider the steps they need to take to complete the Needs Assessment process. Part of the Needs Assessment is to consider what questions they wanted answered. Part of the process is also to compile a list of available data sources to answer those questions. The committee will attempt to get answers for key questions that still remain after reviewing existing data by conducting focus groups, key informant interviews, client surveys. They will discuss existing data sources that already exist in the County that may help them address some of those key questions. Each member will bring a list of any data resources they know that are currently available that will help answer the needs assessment process.

They will also compile a Resource Inventory that identifies as comprehensively as possible all current HIV prevention and related resources and activities in Los Angeles County. This will help determine the current capacity for prevention. The HIV LA Directory will be used, but that directory does not include all potential resources. At their next meeting they will take final nominations for Chair. At present they only have one candidate, Diane Brown. The subcommittee's revised mission statement will be shared next month.

◆ **Operations**

Kellii Trombacco reported that next month would be the Community Breakout meeting at the PPC. The community was invited to participate. They are working on a recruitment brochure. They hope to reflect various races, genders and ages to represent parity in the brochure and hope to include photos of people. The brochure in draft form is finished. It will be presented to the Executive sub-committee. The fact sheet, common terms and the PPC Membership application are included in the packet.

The Operations and Executive Subcommittees have recommended for approval the following final four PPC Policies & Procedures changes. The first two changes reflect the designation of the first 90 days after appointment as a probationary period for new members, the third change corrects outdated text, and the fourth change extends the time between appointment and Orientation to 60 days.

CHANGE 1: This will be added to the Term of Membership section:

"New PPC members are considered on a probationary status for the first 90 days after their appointment. During this probationary period, the Executive Subcommittee may, on the recommendation of the Operations Subcommittee, rescind or revoke a new member's appointment by a simple majority vote of the subcommittee if the new member has been unreachable or has given cause for dismissal, such as missing meetings (including the New Member Orientation) or not participating in an assigned subcommittee. After this probationary period, however, a PPC

member can only be removed by a majority vote of the full body, as described in Section II. K., Removal from Membership."

CHANGE 2: This text will be added to the beginning of Removal of Membership section, so it matches the Change 1. New text is bolded:

"After their probationary period (see Section II. C., Term of Membership), PPC members can be removed..."

CHANGE 3: The first paragraph in Term of Membership refers to outdated information. The current text reads:

"Term of membership on the PPC is two years. New members shall serve no more than three (3) consecutive terms. Upon approval of these policies, members who have held a seat no more than four (4) consecutive years will be restricted to completing one additional term. Each term shall begin on January 1 of the succeeding year. Former members may choose to remain active by becoming advisors to the PPC by notifying the Executive Subcommittee in writing."

Recommended Text: "Term of membership on the PPC is two years, with most terms beginning on January 1 of the succeeding year. Members shall serve no more than three (3) consecutive two-year terms. Former members may remain active with the body by participating at the subcommittee level or at the monthly PPC meetings as a non-voting participant."

CHANGE 4: Under Participation Requirement, the language will be changed to reflect that the New Member Orientation will occur within 60 days of appointment, as opposed to 30 days.

"...will be presented by OAPP and the PPC Co-Chairs within **sixty (60)** days of a member's appointment..."

The PPC members discussed the above changes. There was a lengthy discussion about change #3, term of membership. Given the importance of continuity on the PPC, it was recommended to have a very general interpretation. For example, Kelly Gilmore just joined the PPC. Let him finish the year and his New Year will begin to count January 1, 2002 for a two-year period. (Don't count September, October, November and December). It was decided to have the Operations sub-committee continue discussing item #3 and return with a recommendation in November.

Motion: The PPC approved items 1, 2, and 4. The Operations sub-committee will discuss and revise #3.

◆ **Joint Public Policy**

Mark Etzel said they have been focusing on their work plan. The Commissions Retreat is next month. They also discussed ways to get the PPC involved at the Commission Retreat. A discussion was held about the health care crisis in Los Angeles County. The clinic closures might not readily appear to have impacts on people living with HIV. The committee was aware that over time, if closures continue to happen, there could be impacts. At their next meeting they will focus on that issue and other policy issues more closely.

They will also continue discussion the recommendation made by the Commission's Membership Task Force around establishing a single planning body that would look at both prevention and care issues. The Executive sub-committee recommended having a joint meeting between the Executive members of the PPC and Commission to structure a process where both groups could talk about what this would mean. That meeting is being planned.

A document with the proposed process for recommending policy issues, action and criteria was included in the packet. It articulates how well established the priorities that would be captured in the work plan; Focusing on PPC and Commission issues; and those issues raised by the Strategic Planning Process; as well as the Board of Supervisors policies and priorities. The document describes how the process will take place and how the committee would recommend an action on a policy. There is recognition that sometimes action needs to take place prior to the full body meeting so it allows the Executive committees of the respective bodies to consider issues and recommend action on behalf of the full bodies. The document is being forwarded to the Commission for approval. The PPC needs to approve this document because the committee is a "joint" committee.

Motion: A motion was made to approve the adoption of criteria for considering and recommending action on policy issues. The Joint Public Policy Committee, in terms of planning and implementing its work plan, would use this document. The PPC approved the motion by consensus.

♦ **Standards & Best Practices**

David Zucker reported that two new members, Richard Brown and Cesar Cadabes attended their meeting. They discussed the guiding principles previously approved and they will be using those principles in terms of the prioritization of interventions. Royce Sciortino invited Rose Vienegas from CHIPTS to the meeting and she informed them about research that is occurring locally. Cesar Cadabes and Royce Sciortino were nominated for deputy chair.

♦ **Youth Leadership**

Sergio Avina reported that the meeting was held at AmASSI and they have had good participation. They set aside 45 minutes at each meeting for Orientation. At the last meeting Gordon Bunch presented on Epi data involving youth. The presentation was titled, *Factors Associated with HIV Risk Among Young MSM*. Their meetings are mobile. Several future meeting will be held at JWCH. Agencies that are not represented will be contacted and asked to either host a meeting or to send a representative to the meetings.

Chi-Wai Au said they also discussed that some members would be doing presentations and workshops at the *Models of Pride* at Occidental College to recruit more members. The Youth Leadership fact sheet and applications will be provided. Reach LA is interviewing consultants or part time staff to create recruitment and orientation materials for the sub-committee. A nomination form will be made available to the community for awards ceremony for youth and youth service providers. They have vacancies and are encouraging young women to apply. They have submitted an abstract to the CPLS.

The committee is gathering information regarding the LAPD/Sheriffs Department policy on the condom issue. They will consider taking action if needed. The issue has to do with youth that hang out on Santa Monica Boulevard and how they might be harassed by the LAPD or Sheriffs Department for loitering. The Youth Leadership sub-committee will address this issue to ensure that the youth that are out on Santa Monica Boulevard do not receive undue harassment.

Mark Etzel said that this issue was discussed at the Joint Public Policy meeting. Hernan Molina who is a new committee member from the Commission also works for a councilmember at the City of West Hollywood. Mr. Molina meets with the Sheriffs Department and with the Chiefs at Hollywood to discuss this issue in addition to some other matters and will carry forth that concern in those meetings.

Jeff Bailey said that there was a forum in the Methodist Church in Fairfax recently on prostitution in Hollywood. There is another community forum on October 16, 2002. There are a lot of neighbors in the area that are concerned about their own property, loitering and crime. People that are working in that area also want to make sure that they are safe. The LAPD has a Task Force and they will have a series of forums on this issue. This will be another way to integrate this issue into the process and to ensure that people who are carrying condoms are not harassed.

Kellii Trombacco said that the West Hollywood Sheriffs Department has undergone sensitivity training and the problem is not so much with the Sheriffs Department as it is with the LAPD. The idea being that if youth are on Santa Monica Boulevard and carrying condoms then the assumption is that they are prostituting.

♦ **Retreat ad hoc**

Cesar Cadabes reported that the Retreat would be held in May 2003.

- The issue about having a two or three day Retreat is still pending.
- Depending on the work of the sub-committees within the next few months, the May PPC meeting may be moved to the Wednesday before the Retreat to allow a whole day meeting for sub-committee work.
- The Retreat will focus on the development of the next Prevention Plan and making critical decisions.
- They are still looking at certain venues for Union Hotels.
- It was brought to their attention that they went over the budget last year. It is a primary concern to stay under budget this year. He asked if anybody has any suggestions of union hotels to let him know.
- Mr. Cadabes said that a substantial amount of money was used for the facilitator last year. The Retreat sub-committee is looking at other options in reference of how necessary it is to have a facilitator this year, because that may help defer some cost.

Vanessa Talamantes asked that because of the budget concern, if there was a hotel that was reasonably priced and the committee decided that it would be the best place, but was not a union hotel, is it a must that it be a union hotel?

Richard Zaldivar said that we should try to make every attempt to hold the Retreat at a union hotel being that the economy and unemployment has a big bearing on the epidemic and we need to be cognizant of the working class in our community. In using public funds to conduct Retreats and conferences, we need to make a public statement about whom we support.

◆ CHHS Update

Edric Mendia reported that the Commission approved the Comprehensive Care Plan. The commission will be making revisions to that Plan in March. The Commission will be making presentations at consumer advisory boards in order to get input. At the next PPC meeting the Commission will provide an overview of the Comprehensive Care Plan followed by a survey to obtain input. People are being asked to bring copies of Comprehensive Care Plan to the next PPC meeting as well as comments or revisions. The Commission canceled their October meeting. The Commission Retreat is scheduled for November 14 and 15, 2002.

Vanessa Talamantes said that an overview of the CDC Application would be presented at the next Commission meeting. She said that everyone is invited to the Commission Retreat.

X. OAPP REPORT

California Community Planning Co-Chair Summit -- Dean Goishi said that the summit will be held on October 28-30 and will be represented by the co-chairs. There are several individuals from Los Angeles who are making presentations.

2003 CDC Grant Application – The budget for the CDC application is \$19.7 million and the application was submitted ahead of schedule. Please note that this does not mean that LA County will get \$19.7 million. A final copy was e-mailed to all PPC members. Those wishing a copy should contact Dean Goishi.

Community Planning Leadership Summit – The annual summit will be held in New York on March 12 through 15, 2003. Attendance preference will be given to those members who are presenting. Abstracts are due next Friday. Anyone wishing that OAPP review his or her abstracts can contact Dean Goishi. Mr. Goishi said that Chi-Wai Au, Mark Etzel, and Jeff Bailey are submitting abstracts for the CPLS. He reminded them that in order to get OAPP support, a copy of the abstract should be submitted to him.

Pacific AIDS Education and Training Center – **Mario Perez** announced that the Center will be hosting a two day workshop on October 21 and 2, 2002 at the USC School of Medicine to teach clinicians how to provide safer sex and disclosure information with their HIV positive clients. The original deadline was September 26, 2002 but there is still room as of today. Anyone interested should call Joni Wise at 323-865-0388. There has been some preliminary data from Jean Richardson's shop at USC endorsing the notion that even brief discussion by a clinician with their HIV positive clients around disclosure safer sex is having a significant impact. They are asking for two people from an agency or provider a clinician defined as an MD a PA or a RN and one additional staff member.

Legislation – **Mario Perez** said there have been a number of bills that have been vetoed by the Governor. The Wright AB2930 that would have mandated HIV testing for pregnant woman was vetoed. The bill that would allow California to permit the sale of needles without a prescription was also vetoed. California is one of 6 states in the Country that do not permit such sales.

HIV Counselor of the Year Award – **Mario Perez** announced that OAPP is finalizing the nomination form for the HIV Counselor of the Year Award, to be announced at the World AIDS Day event on December 1, 2002. Nomination forms and instructions should be going out within the next few days. The due date is early November. There will be some prizes.

XI. CO-CHAIRS REPORT

2002 United States Conference on AIDS

Vanessa Talamantes thanked OAPP and the host committee for all the effort they put into the conference.

A few of the **PPC** members that attended included Efrain Reyes, Mark Etzel, Cesar Cadabes, Jeff Bailey, and Richard Zaldivar. They made the following observations and comments as a result of their participation in the conference.

- We are fortunate in Los Angeles to have all the prevention programs because he met a lot of people from other states that are barely getting started.
- There is a need for more youth participation; he did not see that many youth at the conference.
- We forget that there are a lot of people that don't have all the opportunities that Los Angeles offers. The sessions that were most helpful were Looking at Co-Morbidity HIV and STD prevention. Other interesting sessions were Looking at Gay and Bisexual Men, Looking at HIV and Hepatitis and the interplay between those two.
- The conference showcased Los Angeles very well. OAPP invested a lot and it showed very well for Los Angeles in terms of the execution of the conference.
- It seems as if Los Angeles is ahead of the curb with what we are doing. It was a very good opportunity to talk to people from around the country to feel their questions and share information.
- The session on disclosure, which is a central issue, was excellently presented. It illustrated how controversial the issue is for providers both that are infected and affected.

Richard Zaldivar said that they hosted their first presentation at USCA on the Role of the Church in HIV Prevention. It was extremely successful. They were invited to a conference in Texas. Mr. Zaldivar said that from his observation while attending the USCA, he continues to state that Latinos on the national level are not at the table and we need to take notice of that. Mr. Zaldivar complemented Mr. Henry and Lela Hung from OAPP for making sure the conference was culturally diverse.

BRG Meetings

Jeff Bailey said that the PPC would begin holding Intervention Meetings. The last BRG meeting for *Prevention for HIV Infected Persons* (PHIP) was held and all the agencies in that category attended. It was very informative. The next meeting will be a "Make-Up" BRG meeting and an Intervention Meeting for Social Marketing scheduled for October 25, 2002.

Community Breakout

The next Community Breakout will be on November 7, 2002. The focus will be *Introduction to Community Planning*. It is hoped to engage the community in the upcoming planning process and to provide those participating with a good foundation about the CDC guidance and the community planning process.

Ask the PPC

Starting next month a sheet called "Ask the PPC" will be included in the PPC packet. The purpose of this is to allow people to ask anonymous questions, however open dialogue is encouraged. Questions for the PPC will be can be placed in a box and those questions will be addressed at the following PPC meeting.

New Member Orientation

There will be a PPC orientation for those new members who did not attend an orientation.

Curriculum Development Training

OAPP will be having a curriculum training soon. There have been a lot of challenges from a variety of agencies in developing curriculum. Ernesto Hinojos, OAPP Director for Educational Services was commended for conducting the training.

XII. STATE OFFICE OF AIDS UPDATE

Gail Sanabria announced that they have a Multicultural Liaison Board, which is a 12 member advisory board to the State Office of AIDS. The advisory board consists of 4 representatives for the African American community, Latino, Native American, and Asian community. There are 3 vacancies representing the African American, Latino and Asian Pacific Islander. She encouraged participation from Los Angeles. An application and information about the vacancy was included in the PPC packet and is due on November 15, 2002.

The Co-Chairs Summit will be held in Sacramento from October 28 through the 30, 2002. There is still space available and anyone wishing more information can contact Bob Baxter from her office to obtain an application at 916-323-4641.

XIII. ANNOUNCEMENTS

Kellii Trombacco announced there would be a conference on the importance of global health in our society at King Drew on October 12, 2002. The program will address the issues and threats of diseases that have no borders and the issue of global health inequities.

Richard Zaldivar announced that the Los Angeles Latino Theatre Company is producing “Dementia”, the first mainstream Latino play about AIDS. This is a true story about a Latino artist from East Los Angeles County who succumbs to AIDS and deals with a lot of cultural issues.

Gabriel Rodriguez announced that he has a student professional worker position to assist with PPC support available within Planning and Development Division. Anyone interested can contact him at 213-351-8131.

XIV. CLOSING ROLL CALL

Roll call was conducted.

XV. ADJOURNMENT

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